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REQUEST

CONTINUED EXAMINATION (RCE) TRANSMITTAL

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llection of information unless it displays a valid OMB control number,		_
Application Number	09/760,169	
Filing Date	1/12/2001	
First Named Inventor	U. Murschall	
Art Unit	1773	
Examiner Name	N. J. UHLIR	
Attorney Docket Number	00/002MFE	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any dealgn application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 CFR 1.114 Previously submitted Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on b. Enclosed ☑ Amendment/Reply information Disclosure Statement (IDS) Affidavit(s)/Declaration(s) Other Petition for Revival of a Patent app. 2. Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a __ MORThs. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) b. Other 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filled. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-2193 RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.136 and 1.17) Other Petition for Revival of an Application for Patent Abandoned Unintentionally b. Check in the amount of \$__ enclosed c. Payment by credit card (Form PTO-2038 englosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print (Type) Klaus Schweitzer Limited Recognition Registration No. (Attorney/Agent) Signature 03/03/2004 CERTIFICATE OF MAILING OR TRANSMISSION

Name (Print/Type) Claire Wygand Plaine Wygand 03/03/2004 Dete

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Office on the date shown below.